SERIAL NO. FILING DATE 10/511541 MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. _i TOTAL IND. _1 TOTAL DEP. TOTAL DEP. TOTAL CLAIMS BE **XXXXX** * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Porm PTO:1860 (REV. 8.78)

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